1	10A NCAC 13B .5412 is proposed for readoption with substantive changes as follows:		
2			
3	10A NCAC 13B	3.5412 ADDITIONAL REQUIREMENTS FOR TRAUMATIC BRAIN INJU	RY
4		PATIENTS	
5	Inpatient rehabilitation facilities providing services to persons patients with traumatic brain injuries shall meet the		
6	requirements in this Rule in addition to those identified in this Section. provide staff to meet the needs of patients in		
7	accordance with	the patient assessment, treatment plan, and physician orders.	
8	(1)	Direct care nursing personnel staffing ratios established in Rule .5408 of this Section shall not	<del>be</del>
9		applied to nursing services for traumatic brain injury patients in the inpatient, rehabilitation faci	lity
10		or unit. The minimum nursing hours per traumatic brain injury patient in the unit shall be 6.5 nurs	ing
11		hours per patient day. At no time shall direct care nursing staff be less than two full ti	i <del>me</del>
12		equivalents, one of which shall be a registered nurse.	
13	(2)	The inpatient rehabilitation facility or unit shall employ or provide by contractual agreement	nts
14		physical, occupational or speech therapists in order to provide a minimum of 4.5 hours of spec	ific
15		or combined rehabilitation therapy services per traumatic brain injury patient day.	
16	<del>(3)</del> <u>(1)</u>	The facility shall provide special facility or have access to special equipment to meet the needs	for
17		patients of patients with traumatic brain injury, including specially designed wheelchairs, tilt tale	əles
18		and standing tables. injury.	
19	(4)	The medical director of an inpatient traumatic brain injury program shall have two ye	ars
20		management in a brain injury program, one of which may be in a clinical fellowship program of	and
21		board eligibility or certification in the medical specialty of the physician's training.	
22	<del>(5)</del> <u>(2)</u>	The facility shall provide the consulting services of a neuropsychologist.	
23	<del>(6)</del> <u>(3)</u>	The facility shall provide continuing education in the care and treatment of brain injury patients	for
24		all staff.	
25	<del>(7)</del> <u>(4)</u>	The size of the brain injury program shall be adequate to support a comprehensive, dedicated	ited
26		ongoing brain injury program.	
27			
28	History Note:	Authority G.S. 131E-79;	
29		RRC Objection due to lack of statutory authority Eff. January 18, 1996;	
30		Eff. May 1, <del>1996.</del> <u>1996;</u>	
31		Readopted Eff. April 1, 2020.	